Maine Department of Transportation **Highway Opening Application**

Date:

Applicant Information:

Name:		Phone		Pa	ger/Cell:				
Address:	Town:	State:				ZIP:			
Duimany Cantact Information	,		1 111 1 1						
Primary Contact Information: (Write "SAME"	if the primary contact for	r on-site v		ant)	D //	G 11			
Name:			Phone:		Pager/Cell:				
Address:	Town:		S	tate:		ZIP:			
Proposed Work Information: Highway Number (if known):									
Town:			Road Name:						
Type of Work Proposed:				*Please attach a sketch plan*					
Who will perform work?:									
•									
Anticipated work schedule: Starting Date: Completion Date:									
If this work is for a utility, has an application for a <i>Utility Location Permit</i> been submitted to the Department? Yes No N/A									
If this work is state funded, is it covered by the State Agency Addendum? Yes No N/A									
Existing Utilities (List all utilities in the work area, indicate whether or not they have been notified of the proposed work)									
<u>Utility Name</u>	<u>Utility Name</u>			Above	Ground Notified? Y/N				
Impact & Fee Information:									
Surface Type:	(A) Unit Cost:	(B) Estimated Area			Impact Value (A)x(B)				
Paved Surface: Bituminous Concrete or treated	\$50.00 per Sq.	Sq. Yard(s)		\$					
surface/shoulders (Min. fee \$50, see below) Concrete Surface: Portland Cement Concrete or	Yard \$75 per	_							
Bituminous on concrete. (Min. fee \$75, see below)	Sq. Yard	Sq. Yard(s)		\$					
All Other Surfaces: Plain gravel surface or shoulder	\$5.00 per Sq. Yard	Sq. Yard(s)		\$					
or area outside roadbed. (Min. fee \$25, see below)	40.40	sq. 1ara(s)		Ψ					
Direct Buried Cable: (Low-impact installation of cable outside of the traveled way/shoulder)	\$0.20 per Lineal Foot	Lineal Feet			\$				
Other Work in addition to replacing pavement	Linear Foot								
(Specify)					\$				
	Total Impact	Value (Sum of all Impact V	alues)		\$			
Permit Fee (10% of Total Impact Value, OR, if the cal				n fee					
specified above for the surface type impacted, than the						\$			
(Example: if you impact a paved and a non-paved surfa	(Example: if you impact a paved and a non-paved surface, the applicable minimum fee is \$50).								
Instructions for Payment: If you are a licensed utility, a municipality or any other governmental entity AND the TOTAL IMPACT VALUE calculated above is \$2,500 or less,									
please include payment in the amount of the Permit Fee		aty AND	uic TOTAL IMFA	CI VAL	ob calculati	CG 400 VE 18 \$2.	,500 01 1088,		
If you are NOT a licensed utility, a municipality or any other governmental entity, AND the TOTAL IMPACT VALUE calculated above is \$1,000 or									
less, AND you will not be impacting the paved or concrete surface of the highway, please include payment in the amount of the Permit Fee with this									
application. If you ARE proposing to impact the paved or concrete surface of the highway, please include payment in the amount of the TOTAL IMPACT VALUE and all but 10% will be returned to you upon satisfactory completion of the work.									
If the TOTAL IMPACT VALUE exceeds \$2,500 for licensed utilities, municipalities or other governmental entities, OR \$1,000 for all other applicants, a									
SPECIAL OPENING PERMIT as described in section II E of the Rules , Regulations and Policies shall also apply. In this circumstance, an escrow account									
will be established and there is no direct payment submitted with this application.									
Do you request refund of the entire permit fee contingent on a full width overlay per Section II, A. of the Special Opening Permits?									
NOTICE TO APPLICANT: the Applicant is hereby notified that, upon approval of this application, all work shall comply with the following requirements, as applicable: (1) all conditions specified in the Highway Opening Permit; (2) the Department's Highway Opening Rules, Regulations and Policies; (3) the Department's Utility Accommodation Rule (17-229 CMR 210); (4) all conditions of a Utility Location Permit issued pursuant to 17-229 CMR 210; and (5) local ordinances and federal and state laws. In the event of a conflict between any applicable requirements, the more stringent requirement shall govern unless otherwise directed by the Department. Specific attention is directed to the following requirements: (1) Work zone traffic control standards as defined by the Manual on Uniform Traffic Control Devices (MUTCD); (2) Occupational Safety & Health Administration (OSHA) trenching and excavation standards; and (3) 23 MRSA Section 3360-A, Protection of Underground Facilities (a.k.a. "The Dig Safe® Law") which requires notification to various entities at least three working days prior to making any excavation. Additional information may be found at: https://mutcd.fhwa.dot.gov ,									
http://www.osha.gov/SLTC/trenchingexcavation/, and www.d	digsafe.com respectively.	The appl	icant further agrees t	that, upon	approval aı	nd issuance of a	permit, the		
Department will be notified at least 48 hours in advance of the start of any work . The Applicant shall be responsible for all final restoration of the affected area to the satisfaction of the Department of Transportation.									

_Date: __

Applicant's Signature:

Highway Opening Application Sketch Plan

Applicant Name:	Town:	

The purpose of this "Sketch Plan" is to show the location of the proposed opening in relation to the highway. This plan is not necessarily drawn to scale, however, all reference points, offset distances and lengths must be accurately indicated.

